## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  GOLDNER BRIAN				2. Issuer Name <b>and</b> Ticker or Trading Symbol CBS CORP [ CBS, CBS.A ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													X	Direct	tor	10% C	)wner		
(Last) 51 WES	ast) (First) (Middle) WEST 52ND STREET					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019									Office below	er (give title v)		Other (specify below)	
	4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Charach)						4. II Amendment, Date of Original Filed (Month/Day/Year)								Line)					
(Street) NEW YORK NY 10019														X	Form	Form filed by One Reporting Person			
MEW IC	NEW YORK INY 10019														Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																
		Tab	le I - Non-D	Deriva	ative	Sec	uriti	es A	cquired, [	Disp	osed	of, or B	enefic	ially	Owne	d			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date			Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			and Secu Bene Own		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pri	се	Reporte Transa (Instr. 3	ction(s)		(Instr. 4)	
		Ta	able II - De												wned				
			(e.ç	g., pu	ts, c	alls,	war	rants	s, options	, co	nverti	ble sec	urities	5)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	te, Tr	4. Transaction Code (Instr. 8)		of		6. Date Exercisable Expiration Date (Month/Day/Year)			and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	er					
Phantom Class A Common Stock Units	(1)	07/01/2019			A		738		(1)		(1)	CBS Class A common stock	738	\$	50.54	1,771	D		
Phantom Class B Common Stock Units	(1)	07/01/2019			A		738		(1)		(1)	CBS Class B common stock	738	\$	50.55	1,771	D		

## **Explanation of Responses:**

1. Reporting Person has elected to defer payment of Board/Committee fees, as applicable, pursuant to the Issuer's deferred compensation arrangement for directors. Deferred amounts (including any cash dividends credited during the previous quarter) are deemed invested quarterly in the number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such amounts would have purchased when converted. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

> /s/ Kimberly D. Pittman, 07/03/2019 Attorney-in-fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.